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Application Number	10/520,936
Filing Date	12-19-2005
First Named Inventor	Peter Moeller-Jensen
Title	Irrigation system
Art Unit	3767
Examiner Name	SCHELL, LAURA C
Attorney Docket Number	2002010-US

I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							
Number as my/ identified above	t Practitioner(s) associated with the following C our attorney(s) or agent(s) to prosecute the app s, and to transact all business in the United Stat Office connected therewith:	lication	69289				
I hereby appoin	I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:						
	Practitioner(s) Name	Registration Number					
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number.							
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I am the:							
Applicant/Inventor.							
Assignee of reco	OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on						
	SIGNATURE of Applica	nt or Assignee of F	Record				
Signature	/Daniel Chapik/		Date	31 March 2009			
Name	Daniel Chapik		Telephone	612-344-2376			
Title and Company Director and Chief Patent Counsel, Coloplast Corp/Coloplast A/S							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of forms are submitted.							

This collection of information is required by 37 CFR 13.1.12 and 13.3. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 USA. C12 and 37 CFR.111 and 11.4. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form androis orgagestions for recoding this burden, should be sent to the Chef Information (C. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA. 22313-1450.

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- 7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (i.e., GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.
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